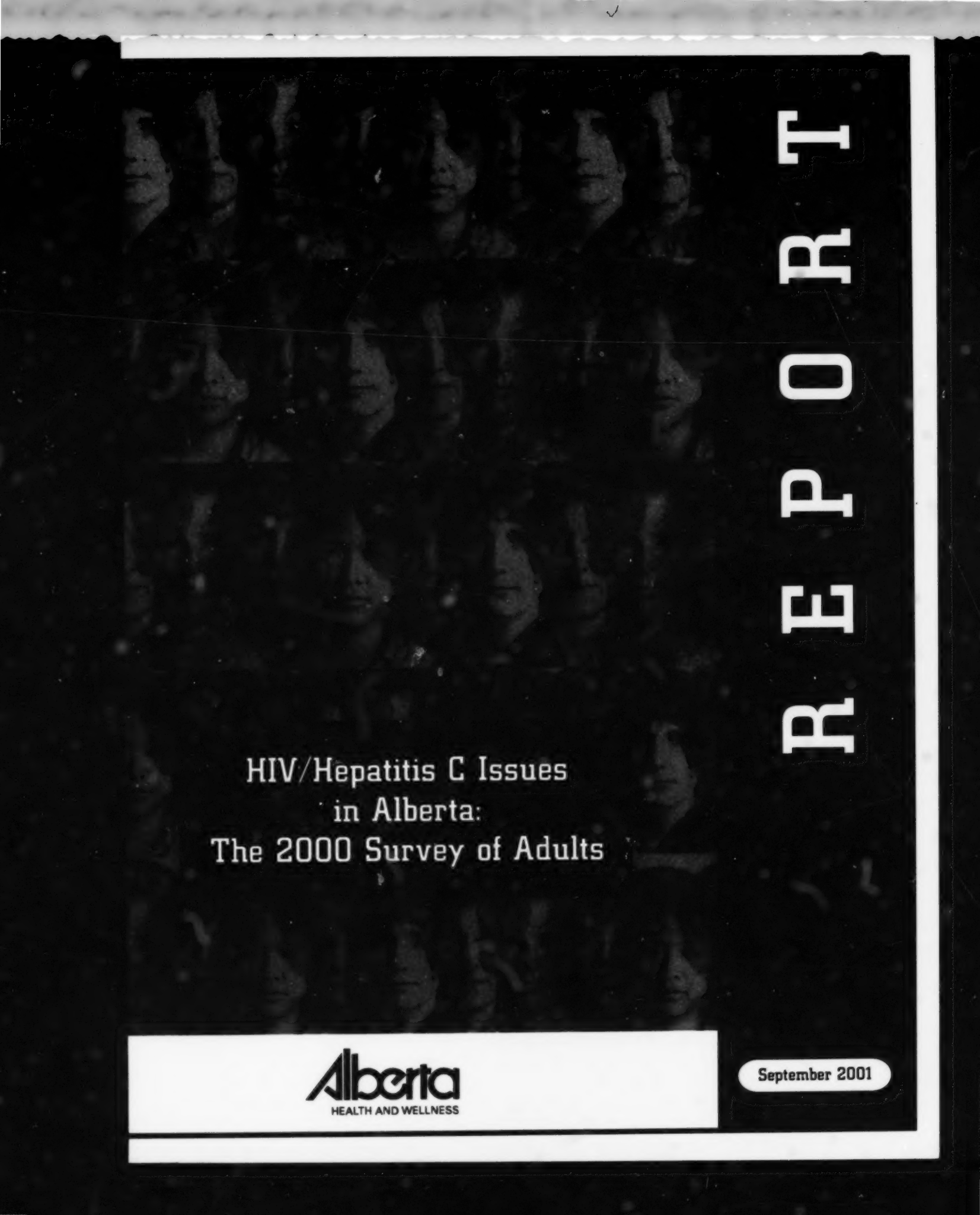

HIV/Hepatitis C Issues in Alberta: The 2000 Survey of Adults

REPORT

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HIV/Hepatitis C Issues in Alberta: The 2000 Survey of Adults

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1 Survey Highlights

The Study

- The HIV/Hepatitis C Issues in Alberta 2000 Survey is the eighth in a series of studies funded by Alberta Health and Wellness. This is the first study in this series to include Hepatitis C. The previous surveys examined HIV/AIDS issues only. The previous surveys were conducted in 1998, 1996, 1995, 1994, 1993, 1992 and 1990.

- For the 2000 survey, a random sample of 1201 respondents representing the population of adult Albertans was interviewed by telephone. The sample was selected by random digit dialing.

Beliefs about HIV

- Almost one in every four respondents in 2000 believed, incorrectly, that HIV is curable. Almost nine in every ten respondents were correct in believing that HIV is treatable and that if a person is being treated for HIV, that person can still pass HIV on to others.

Pregnancy and HIV

- More than nine in every ten respondents correctly believed that a pregnant woman can pass HIV to her unborn child. However, only a minority of respondents were aware that the risk of mother-to-baby transmission of HIV can be reduced by anti-HIV medications, delivery by Caesarean section, and not breastfeeding.

- Less than one-third of respondents were aware that pregnant women are routinely tested for HIV. Of those respondents who knew that pregnant women are routinely tested, two-thirds were correct in believing that a pregnant woman can refuse to be tested for HIV, although five in every six of these respondents felt that all pregnant women should be tested for HIV.

Sharing Needles and HIV

- Nine out of ten respondents said that they did not know anybody who had injected drugs in the past year that were not prescribed for them by a doctor.

- 23 respondents (1.9%) out of a total of 1201 respondents knew at least one person who had injected nonprescription drugs in the past year and had shared needles or other equipment used for injecting drugs with other people when injecting.

- Almost all respondents were aware that a person can become infected with HIV by sharing needles used for: injecting steroids, injecting nonprescription drugs, injecting prescription drugs, body or ear piercing, or for tattooing.

Sex and HIV

- Most respondents were aware that a person can get HIV from unprotected sexual activities.

Young People and HIV

- Less than one in five respondents think that "most" young people today are protecting themselves against HIV while almost three in every four respondents think that "some, or a few" young people are protecting themselves.

- Most respondents believe that young people today are complacent about HIV prevention messages while most believe that young people today are at no less risk of being infected with HIV than young people were five years ago.

Preventing the Spread of HIV

- Most respondents believed that more prevention messages are needed to prevent further spread of HIV. Furthermore, almost four in every five respondents believed that more access to condoms and needle exchanges is needed to prevent further spread of HIV.

Becoming Infected with Hepatitis C

- Forty per cent of respondents said that they knew how a person becomes infected with Hepatitis C. Of these, most were aware that a person can become infected with Hepatitis C by sharing needles used for: injecting steroids, injecting nonprescription drugs, injecting prescription drugs, body or ear piercing, or tattooing.

The Harm Reduction Approach

- Sixty-seven persons (5.5%) out of a total of 1201 respondents said that they had heard about the Harm Reduction approach. Of these, 56 persons said that they thought that Harm Reduction was a useful approach to take with injection drug users.

2 Description of the Survey

Background

The HIV/Hepatitis C Issues in Alberta 2000 Survey is the eighth in a series of studies conducted for Alberta Health and Wellness by the Population Research Laboratory of the Department of Sociology at the University of Alberta. The previous surveys examined HIV/AIDS issues and were conducted in 1998, 1996, 1995, 1994, 1993, 1992 and 1990. The 2000 survey continues a focus on HIV and, in addition, examines issues regarding Hepatitis C.

Objectives

The objectives of the 2000 survey were to measure the following:

- Beliefs about the curability, treatability, and transmission of HIV
- Knowledge about pregnancy and HIV together with opinions regarding testing of pregnant women for HIV
- Knowledge about sharing needles and HIV
- Knowledge about sexual activities and HIV
- Opinions about young people and HIV
- Opinions about ways to prevent the spread of HIV
- Knowledge about how a person becomes infected with Hepatitis C
- Knowledge and opinions about the Harm Reduction approach to control diseases spread through injection drug use

Sample

The relevant population for the 2000 Alberta Survey was all persons 18 years of age and older, residing in Alberta, and accessible by telephone. Separate samples were selected for Edmonton, Calgary, and the remainder of Alberta. These samples were combined using appropriate weights so as to constitute a representative sample of adult Albertans. The sampling procedure involved two stages. First, households were selected using random digit dialing. Second, an adult respondent was selected from each household so that an equal number of males and females were interviewed. There was a total of 1201 respondents with a response rate of 53%.

Data Collection

Interviews were conducted by telephone from October 11 to November 9, 2000.

Questionnaire

The annual Alberta Survey is an omnibus survey which covers a wide range of topics which change from year to year. Standard socio-demographic data (e.g., age, sex, education) are obtained for each survey. The 2000 survey questions dealing with HIV/Hepatitis C issues are attached in the appendix.

Profile of Respondents

The quota sampling for males and females produced a balanced sample with respect to gender. The median age of respondents was 41. Sixty-four per cent of respondents were currently married or living common-law while 22% of respondents were never married. The remainder (one in seven) were separated, divorced or widowed. Three in four were currently employed in the paid labour force; another 4% of respondents were unemployed and looking for work and 13% were retired. Median number of years of schooling was 14. Regarding religion, 45% were Protestant, 27% were Catholic, 4% were other religions, and 24% claimed no religion. Median individual income was $30,000 - 31,999 while median household income was $60,000 - 64,999. Three in every four respondents owned their residence, while one in four were renters. The sample was compared to the

Statistics Canada 1996 Census Age Profile in Alberta for age and found to be representative.[1]

[1] Diane Dennis, 2000. The 2000 Alberta Survey Sampling Report. Population Research Laboratory, University of Alberta, Edmonton, Alberta.

3 Beliefs about HIV

Table 1 shows that almost one in every four respondents in 2000 believed, incorrectly, that HIV is curable. Almost nine in every ten respondents were correct in believing that HIV is treatable and that if a person is being treated for HIV, that person can still pass HIV on to others.

Table 1

Respondents' Beliefs About the Curability, Treatability and Transmission of HIV

	Yes %	No %	Don't Know %	Total* %	(n)
Is HIV curable?	23.5	70.5	6.0	100	1196
Is HIV treatable?	87.7	8.9	3.4	100	1197
If a person is being treated for HIV, can that person pass it to others?	88.3	6.8	4.8	99.9	1198

* Totals may not add to 100 because of rounding.

4 Pregnancy and HIV

Table 2 shows that more than nine in every ten respondents correctly believed that a pregnant woman can pass HIV to her unborn child. While the risk of mother-to-baby spread of HIV can be reduced by anti-HIV medications, delivery by Caesarean section, and not breastfeeding, only a minority of respondents were aware of these strategies for reducing the risk of mother-to-baby transmission of HIV.

Table 2

Respondents' Beliefs About Pregnancy and HIV

	Yes %	No %	Don't Know %	Total* %	(n)
Can a pregnant woman pass HIV to her unborn child?	93.4	2.5	4.1	100	1200
Can risk of mother-to-baby spread of HIV be reduced by:					
▪ Anti-HIV medication?	40.2	20.6	39.2	100	1199
▪ Caesarean section?	21.0	49.0	30.0	100	1199
▪ Not breastfeeding?	28.8	46.5	24.7	100	1200

* Totals may not add to 100 because of rounding.

Table 3 shows that less than one-third of respondents were aware that pregnant women are routinely tested for HIV. Of those respondents who knew that pregnant women are routinely tested, two-thirds were correct in believing that a pregnant woman can refuse to be tested for HIV, although five in every six of these respondents felt that all pregnant women should be tested for HIV.

Table 3

Respondents' Beliefs About the Testing of Pregnant Women for HIV

	Yes %	No %	Don't Know %	Total* %	(n)
Do you think pregnant women are routinely tested for HIV?	28.6	52.0	19.4	100	1201
Can pregnant women refuse to be tested for HIV? [Asked only of persons who think that pregnant women are routinely tested]	67.2	15.4	17.4	100	344
Do you think all pregnant women should be tested for HIV? [Asked only of persons who think that pregnant women are routinely tested]	84.2	13.5	2.3	100	341

* Totals may not add to 100 because of rounding.

In the 2000 survey, as reported above, respondents were asked: "Do you think pregnant women are routinely tested for HIV?" A similar question was asked in the 1998 and 1996 surveys when respondents were asked: "Do you think pregnant women are automatically tested for HIV?" The testing of pregnant women in Alberta for HIV has been routine since September 1, 1998. Table 4 compares the responses to these questions from the 2000, 1998 and 1996 surveys and shows that awareness of routine testing went up in 1998 but dropped back to 1996 levels in 2000. Interviewing for the 1998 survey was done in December of 1998 and in January of 1999, shortly after HIV testing of pregnant women became routine.

In the 2000 survey, respondents who knew that pregnant women were routinely tested were asked: "Do you think all pregnant women should be tested for HIV?" The 1995 survey asked all respondents: "Do you think that expectant mothers should be tested for HIV, even if they do not give consent?" Table 4 compares the responses to this question from the 2000 and 1995 surveys. In 1995, two out of every three respondents believed that pregnant women should be tested. This figure appears to increase in the 2000 survey. In that survey, however, only respondents who already knew that testing was routinely done were asked if testing should be done.

Table 4

A Comparison of Respondents' Beliefs Over Time
About the Testing of Pregnant Women for HIV

	Yes %	No %	Don't Know %	Total* %	(n)
2000: Do you think pregnant women are routinely tested for HIV?	29	52	19	100	1201
1998: Do you think pregnant women are automatically tested for HIV?	39	40	20	99	1199
1996: Do you think pregnant women are automatically tested for HIV?	28	48	23	99	1202
2000: Do you think all pregnant women should be tested for HIV? [Asked only of respondents who knew that pregnant women are routinely tested]	84	14	2	100	341
1995: Should expectant mothers be tested for HIV, even if they do not give consent? [Asked of all respondents]	65	31	4	100	1197

* Totals may not add to 100 because of rounding.

5 Sharing Needles and HIV

Table 5 shows that nine out of ten respondents to the 2000 survey said that they did not know anybody who had injected drugs in the past year that were not prescribed for them by a doctor. On the other hand, one in ten said that they knew at least one person who had injected nonprescription drugs and 2% of respondents said that they knew six or more such persons.

Table 5

How many people do you know who, in the past year, have injected drugs that were not prescribed for them by a doctor?

How many people do you know who, in the past year, have injected drugs?	Frequency	Per cent
0	1061	89.9
1 or more	120	10.2
Total*	1180	100.1
1	26	2.2
2	28	2.4
3	11	0.9
4	10	0.8
5	10	0.8
6 or more	26	2.2
Some	9	0.8
Total*	120	10.1

* Figures may not add to totals because of weighting and rounding.

Of the ten per cent of respondents who knew at least one person who, in the past year, injected drugs that were not prescribed for them by a doctor, one in five said that the person or persons shared needles or other equipment used for injecting drugs with other people when injecting, two in five said that the person or persons did not share, while another two in five said that they did not know if needles were shared. In other words, 23 respondents (1.9%) out of a total of 1201 respondents knew at least one person who had injected nonprescription drugs in the past year and had shared needles or other equipment used for injecting drugs with other people when injecting.

Table 6 shows that almost all respondents to the 2000 survey were aware that a person can become infected with HIV by sharing needles used for:

- injecting steroids
- injecting nonprescription drugs
- injecting prescription drugs
- body or ear piercing
- tattooing

Table 6

Respondents' Beliefs About the Possibility of Becoming Infected with HIV by Sharing Needles

Can a person become infected with HIV by sharing needles for:	Yes %	No %	Don't Know %	Total* %	(n)
Steroids (nonprescription)?	96.9	0.2	2.9	100	1199
Other drugs not prescribed for them by a doctor?	96.8	0.5	2.7	100	1199
Drugs prescribed for them by a doctor?	91.5	4.7	3.8	100	1199
Body or ear piercing?	93.6	2.2	4.2	100	1198
Tattooing?	93.8	2.4	3.8	100	1199

* Totals may not add to 100 because of rounding.

6 Sex and HIV

Table 7 shows that most respondents to the 2000 survey were aware that a person can get HIV from unprotected sexual activities including:

- vaginal sex without a condom
- anal sex without a condom
- oral sex without a protective barrier
- sharing sex toys without cleaning with soap and water or without using a new condom on the toy for each person

Table 7

Respondents' Beliefs About the Possibility of
Getting HIV Through Unprotected Sexual Activities

Can a person get HIV through ...	Yes %	No %	Don't Know %	Total* %	(n)
Vaginal sex without a condom?	96.9	1.0	2.1	100	1199
Anal sex without a condom?	92.5	1.3	6.3	100.1	1194
Oral sex without a protective barrier?	79.4	8.4	12.2	100	1196
Sharing sex toys without cleaning with soap and water or without using a new condom on the toy for each person?	83.6	5.2	11.2	100	1194

* Totals may not add to 100 because of rounding.

7 Young People and HIV

Table 8 shows that less than one in five respondents think that "most" young people today are protecting themselves against HIV while almost three in every four respondents think that "some, or a few" young people are protecting themselves. Table 9 shows that most respondents believe that young people today are complacent about HIV prevention messages while most believe that young people today are at no less risk of being infected with HIV than young people were five years ago.

Table 8

Respondents' Opinion About Young People and HIV

	Most %	Some, or a few %	None %	Don't Know %	Total* %	(n)
Do you think that young people today are protecting themselves against HIV?	18.5	73.3	4.0	4.2	100	1199

* Totals may not add to 100 because of rounding.

Table 9

Respondents' Beliefs About Young People and HIV

Do you believe that …	Yes %	No %	Don't Know %	Total* %	(n)
Young people today are complacent about HIV prevention messages?	66.0	25.1	8.9	100	1179
Young people today are less at risk of being infected with HIV than young people were five years ago?	21.9	74.7	3.4	100	1198

* Totals may not add to 100 because of rounding.

8 Preventing the Spread of HIV

Table 10 shows that most respondents (88%) believed that more prevention messages are needed to prevent further spread of HIV. Furthermore, almost four in every five respondents believed that more access to condoms and needle exchanges is needed to prevent further spread of HIV.

Table 10

Respondents' Beliefs About Preventing the Spread of HIV

Do you believe that ...	Yes %	No %	Don't Know %	Total* %	(n)
To prevent further spread of HIV, we need more prevention messages?	87.8	9.6	2.6	100	1198
To prevent further spread of HIV, we need more access to condoms and needle exchanges?	78.6	17.3	4.1	100	1186

* Totals may not add to 100 because of rounding.

Respondents to the 1998 and 1995 surveys were asked for their opinions about public health messages on prevention of HIV. While the questions asked in 1998 and 1995 were somewhat different in both wording and response categories from the question asked in 2000, comparisons are possible and are shown in Table 11. In all three years, there is a high endorsement of prevention messages.

Table 11

Comparison of Respondents' Beliefs About Prevention Messages, 2000, 1998 and 1995

	Yes %	No %	Don't Know %	* Total %	(n)
2000: Do you believe that to prevent further spread of HIV, we need more prevention messages?	88	10	3	101	1198

	More %	Same %	Less %	Don't Know %	* Total %	(n)
1998: Should Alberta Health provide more, less, or about the same public health messages on prevention of HIV?	58	33	1	8	100	1193
1995: Should Alberta Health provide more, less, or about the same public health messages on prevention of HIV/AIDS?	54	41	3	3	101	1203

* Totals may not add to 100 because of rounding.

9 Becoming Infected with Hepatitis C

Respondents to the 2000 survey were asked: Do you know how a person becomes infected with Hepatitis C? Forty per cent of respondents answered "yes" while 60% answered "no." The 481 respondents who answered yes were then asked the open-ended question: How could a person become infected with Hepatitis C? and all responses given were recorded, as shown in Table 12. The most frequently correctly identified sources of Hepatitis C infection were:

- blood transfusions with infected blood
- sharing needles
- sexual contact
- contact with bodily fluids including blood
- sharing personal items such as razors or toothbrushes

A number of individuals who said that they knew how a person becomes infected with Hepatitis C incorrectly identified saliva, poor hygiene/not washing hands/unhygienic food preparation, sharing food/eating utensils, airborne/sneezing/coughing, kissing, alcohol abuse, or heredity as sources of infection.

Table 12

Answers Given to the Question: How could a person become infected with Hepatitis C?
[Asked only of persons who said that they knew how a person becomes infected with Hepatitis C.]

Answers Given [respondents could give more than one answer]	Number of Respondents	Percentage of Respondents
Infected blood transfusion	207	43.2
Infected blood transfusion before 1985	17	3.6
Sharing needles or other equipment used to inject drugs	199	41.4
Sexual contact	149	31.1
Contact with bodily fluid	64	13.3
Contact with blood/open wound?	53	4.4
Saliva	17	3.6
Poor hygiene/not washing hands/unhygienic food preparation	31	6.4
Sharing toothbrushes	26	5.4
Sharing personal items/food/eating utensils	15	3.0
Sharing razors	8	1.6
Contact with an infected person (carrier)	25	5.2
Airborne/sneezing/coughing	8	1.6
Kissing	7	1.5
Surgery/unsanitary medical equipment	6	1.3
Alcohol/lifestyle	3	0.6
Hereditary	2	0.5
No Response	5	1.0
Number of Respondents	481	

Table 13 shows that the 481 respondents who said that they knew how a person becomes infected with Hepatitis C were aware that a person can become infected with Hepatitis C by sharing needles used for:

- injecting steroids
- injecting nonprescription drugs
- injecting prescription drugs
- body or ear piercing
- tattooing

Table 13

Respondents' Beliefs About the Possibility of
Becoming Infected with Hepatitis C by Sharing Needles

Can a person become infected with Hepatitis C by sharing needles for:	Yes %	No %	Don't Know %	Total* %	(n)
Steroids (nonprescription)?	88.9	1.0	10.0	99.9	479
Other drugs not prescribed for them by a doctor?	91.7	1.0	7.3	100	480
Drugs prescribed for them by a doctor?	87.7	5.4	6.9	100	480
Body or ear piercing?	88.6	2.7	8.7	100	481
Tattooing?	89.6	2.5	7.9	100	480

* Totals may not add to 100 because of rounding.

10 The Harm Reduction Approach

The respondents to the 2000 survey were asked if they had heard about the concept or principles of Harm Reduction. Sixty-seven persons (5.5%) out of a total of 1201 respondents said that they had heard about the Harm Reduction approach. These 67 persons were then asked to describe briefly how Harm Reduction could apply to the control of diseases spread through injection drug use. Forty persons said that the Harm Reduction approach would reduce needle sharing, facilitate access to clean needles, or reduce injection drug use. Another 15 persons said that the Harm Reduction approach would facilitate education and public awareness. Twelve persons said that they did not know or declined to answer.

The same 67 respondents were then asked: Do you think Harm Reduction is a useful approach to take with injection drug users? Fifty-six persons (84%) said yes, eight (12%) said no, and three (5%) said that they did not know. The 56 persons who said that they thought that Harm Reduction was a useful approach to take with injection drug users were then asked why they thought it was a useful approach. Responses tended to represent four themes: reducing the risk of spreading disease, reducing the use of dirty needles, increasing public awareness, and "It's better than nothing."

The eight persons who said that they did not think that Harm Reduction was a useful approach to take with injection drug users were asked why they thought it was not a useful approach. Most of these eight respondents referred to the difficulty that injection drug users have in overcoming their addictions.

11 Conclusion

The 2000 survey of adult Albertans assessed knowledge and opinion regarding HIV and Hepatitis C. Regarding knowledge about HIV, most respondents knew that HIV was treatable but that the person being treated for HIV can still pass it on to others. Most respondents knew that a pregnant woman can pass HIV to her unborn child. Most were aware that a person can become infected with HIV by sharing needles used for injecting drugs, body piercing, or tattooing. Most knew that a person can get HIV from a variety of unprotected sexual activities. Nevertheless, almost one-quarter of respondents believed, incorrectly, that HIV was curable and most respondents did not know that pregnant women are routinely tested for HIV and were unaware that the risk of mother-to-baby transmission of HIV can be reduced by anti-HIV medications, delivery by Caesarean section, and by not breastfeeding.

Regarding opinions about HIV issues, most respondents felt that all pregnant women should be tested for HIV. Most were of the opinion that the risk of getting HIV had not gone down in the past five years, but that young people, nevertheless, had become complacent about HIV and many were not protecting themselves. Most believed that more prevention messages are needed and that more access to condoms and needle exchanges is needed to prevent further spread of HIV.

Regarding injection drug use, 10% of respondents said that they knew at least one person who had injected nonprescription drugs in the past year and 2% said that they knew at least one person who had shared needles when injecting. Only 6% of respondents were aware of the Harm Reduction approach to reducing the risk of disease transmission from injection drug use.

Regarding knowledge about Hepatitis C, 40% of respondents said that they knew how a person becomes infected with Hepatitis C. These respondents knew that a person can become infected with Hepatitis C by sharing needles used for injecting drugs, body piercing, or tattooing. These respondents also knew that a person can become infected

with Hepatitis C by blood transfusion with infected blood, sexual contact, contact with bodily fluids containing blood, and sharing personal items such as razors and toothbrushes. A number of incorrect responses from individuals who said that they knew how a person becomes infected with Hepatitis C indicates a lack of accurate knowledge. Furthermore, 60% of respondents said that they did not know how a person becomes infected with Hepatitis C.

In conclusion, this survey shows that continuing public education about HIV issues is both needed and desired by Albertans. This is even more true for Hepatitis C, given that 60% of Albertans indicate that they do not know how a person becomes infected with this disease.

Appendix

The HIV/Hepatitis C 2000 Survey Questions[2]

HIV AND HEPATITIS C

The following questions are about HIV/AIDS. If you could, please answer "Yes" or "No" depending on what you believe to be true.

VAR111
37. Is HIV curable?

1 Yes
2 No
3 Don't know
0 No response

VAR112
38. Is HIV treatable?

1 Yes
2 No
3 Don't know
0 No response

VAR113
39. If a person is being treated for HIV, can that person pass it to others?

1 Yes
2 No
3 Don't know
0 No response

[2] Four questions (47b "other", 49b, 49d and 49e) involved open-ended responses. Coding frames were derived from a thematic analysis of the open-ended responses and a numeric code was assigned to each response. The open-ended response codes have been added to the questionnaire shown in this appendix.

VAR114

40. Can a pregnant woman pass HIV to her unborn child?

1 Yes
2 No
3 Don't know
0 No response

41. Can risk of mother-to-baby spread of HIV be reduced by:

VAR115

a) Anti-HIV medications?

1 Yes
2 No
3 Don't know
0 No response

VAR116

b) Caesarean section?

1 Yes
2 No
3 Don't know
0 No response

VAR117

c) Not breastfeeding?

1 Yes
2 No
3 Don't know
0 No response

VAR118

42a. Do you think pregnant women are routinely tested for HIV?

1 Yes
2 No (SKIP TO Q43a)
3 Don't know (SKIP TO Q43a)
0 No response (SKIP TO Q43a)

VAR119

42b. Can pregnant women refuse to be tested for HIV?

1 Yes
2 No
3 Don't know
0 No response

VAR120

42c. Do you think all pregnant women should be tested for HIV?

1 Yes
2 No
3 Don't know
0 No response

VAR121

43a. How many people do you know who, in the past year, have injected drugs that were not prescribed for them by a doctor?

_____ # of people (IF 0, SKIP TO Q44a)

97 Some, but don't know the exact number (ASK Q43b)
98 Don't know (SKIP TO Q44a)
99 No response (SKIP TO Q44a)

VAR122

43b. Did this person (any of these people) share their needles or other equipment used for injecting drugs with other people when injecting?

1 Yes
2 No
3 Don't know
0 No response

VAR123

44a. (Can a person become infected with HIV by sharing needles for)...steroids (nonprescription)?

1 Yes
2 No
3 Don't know
0 No response

VAR124

44b. (Can a person become infected with HIV by sharing needles for)...other drugs not prescribed for them by a doctor?

1 Yes
2 No
3 Don't know
0 No response

VAR125

44c. (Can a person become infected with HIV by sharing needles for)...drugs prescribed for them by a doctor?

1 Yes
2 No
3 Don't know
0 No response

VAR126

44d. (Can a person become infected with HIV by sharing needles for)…body or ear piercing?

1 Yes
2 No
3 Don't know
0 No response

VAR127

44e. (Can a person become infected with HIV by sharing needles for)…tattooing?

1 Yes
2 No
3 Don't know
0 No response

VAR128

45a. Can a person get HIV through vaginal sex without a condom?

1 Yes
2 No
3 Don't know
0 No response

VAR129

45b. (Can a person get HIV through)… anal sex without a condom?

1 Yes
2 No
3 Don't know
0 No response

VAR130

45c. (Can a person get HIV through)… oral sex without a protective barrier?

1 Yes
2 No
3 Don't know
0 No response

VAR131

45d. (Can a person get HIV through)… sharing sex toys without cleaning with soap and water or without using a new condom on the toy for each person?

1 Yes
2 No
3 Don't know
0 No response

VAR132

46a. Do you think that young people today are protecting themselves against HIV? **(READ)**

1 Most
2 Some, or a few
3 None
4 Don't know
0 No response

Do you believe the following statements to be true? Please answer yes or no.

VAR133

46b. …young people today are complacent about HIV prevention messages?

1 Yes
2 No
3 Don't know
0 No response

VAR134

46c. …young people today are less at risk of being infected with HIV than young people were 5 years ago?

1 Yes
2 No
3 Don't know
0 No response

VAR135

46d. …to prevent further spread of HIV, we need more prevention messages?

1 Yes
2 No
3 Don't know
0 No response

VAR136

46e. …to prevent further spread of HIV, we need more access to condoms and needle exchanges?

1 Yes
2 No
3 Don't know
0 No response

The following questions are about Hepatitis C, which is a liver disease caused by the Hepatitis C virus. (More information about Hepatitis C can be obtained from the Canadian Liver Foundation—1-800-563-5483)

VAR137

47a. Do you know how a person becomes infected with Hepatitis C?

1 Yes
2 No (SKIP TO Q49a)
0 No response (SKIP TO Q49a)

47b. How could a person become infected with Hepatitis C? (DO NOT READ.SELECTALLTHAT APPLY)

VAR138 Sharing needles or other equipment used to inject drugs
VAR139 Sharing razors
VAR140 Sharing toothbrushes
VAR141 Sexual contact
VAR142 Infected blood transfusion
VAR143 Infected blood transfusion before 1985
VAR144 Other (specify)[3] _____
VAR145 No response

VAR146 Blood contact/open wound
VAR147 Saliva
VAR148 Bodily fluid contact
VAR149 Contact with an infected person (carrier)
VAR150 Sharing personal items/sharing food/sharing eating utensils
VAR151 Poor hygiene/not washing hands
VAR152 Kissing
VAR153 Surgery/Unsanitary medical equipments
VAR154 Airborne/sneezing/coughing
VAR155 Hereditary
VAR156 Alcohol/lifestyle

VAR157

48a. Can a person become infected with Hepatitis C by sharing needles for steroids (nonprescription) ?

1 Yes
2 No
3 Don't know
0 No response

[3] Following the completion of the interviews, responses to Var144 "Other (specify)" were grouped thematically and coded as variables 146 to 156.

VAR158
48b. …other drugs not prescribed for them by a doctor?

1 Yes
2 No
3 Don't know
0 No response

VAR159
48c. …drugs prescribed for them by a doctor?

1 Yes
2 No
3 Don't know
0 No response

VAR160
48d. …body/Ear Piercing?

1 Yes
2 No
3 Don't know
0 No response

VAR161
48e. …tattooing?

1 Yes
2 No
3 Don't know
0 No response

VAR162

49a. Have you heard about the concept or principles of Harm Reduction?

1 Yes
2 No (SKIP TO Q50a)
3 Don't know (SKIP TO Q50a)
0 No response (SKIP TO Q50a)

VAR163

49b. Describe briefly how it (Harm Reduction) could apply to control of diseases spread through injection drug use.

[This was an open-ended question. The responses were coded as follows.]

1 Reduce needle sharing
2 Needle exchange/access to clean needles/encourage use of new needles
3 Education/public awareness
4 No drug use
5 Don't know/no response
9 Not applicable

VAR164

49c. Do you think Harm Reduction is a useful approach to take with injection drug users?

1 Yes
2 No (SKIP TO Q49e)
3 Don't know (SKIP TO Q50a)
0 No response (SKIP TO Q50a)

VAR165

49d. Why do you think Harm Reduction is a useful approach to take with injection drug users?

[This was an open-ended question. The responses were coded as follows.]

1 Reduces risk of spreading diseases
2 Increases level of public awareness/education
3 Prevents needle sharing/provides clean needles/safer
4 Reduces health care cost
5 It's better than nothing/anything that helps
6 Don't know/answer not relevant
9 Not applicable

VAR166

49e. Why don't you think Harm Reduction is a useful approach to take with injection drug users?

[This was an open-ended question. The responses were coded as follows.]

1 Too addicted/won't work
2 Don't know/no response
9 Not applicable